



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**



NEW APPLICATION TRANSMITTAL

Transmitted herewith for filing is the patent application of

Inventor(s): Sidney Wayne Mauldin

For (title): MINIMAL RESISTANCE SCALLOP FOR A PERFORATING DEVICE

1. Type of Application

This transmittal is for an original (nonprovisional) application.

2. Papers Enclosed

A. Required for filing date under 37 C.F.R. 1.53(b) (Regular) or 37 C.F.R. 1.153 (Design) Application

12 Pages of Specification
2 Pages of Claims

B. Other Papers Enclosed

2 Pages of declaration and power of attorney
1 Page of abstract

CERTIFICATION UNDER 37 C.F.R. 1.10

I hereby certify that this correspondence and the documents referred to as attached therein are being deposited with the United States Postal Service on this date December 31, 2003, in an envelope as "Express Mail Post Office to Addressee," mailing Label Number ER 539844616 US, addressed to the: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Brian Edward Powley

Signature of person mailing paper

(Application Transmittal—page 1 of 3)

3. Declaration or Oath

Enclosed

Executed by: Sydney Wayne Mauldin, the inventor.

4. Inventorship Statement

The inventorship for all the claims in this application is the same.

5. Language

English

6. Fee Calculation (37 C.F.R. 1.16)

Regular Application

CLAIMS AS FILED					
Claims	Number Filed	Basic Fee Allowance	Number Extra	Rate	Basic Fee 37 CFR 1.16(a) \$750.00
Total Claims (37 CFR 1.16(c))	14	- 20 =	0 x	\$18.00	\$0.00
Independent Claims (37 CFR 1.16(b))	2	- 3 =	0 x	\$84.00	\$0.00
Multiple Dependent Claim(s), if any (37 CFR 1.16(d))			+	\$260.00	\$0.00

Filing Fee Calculation

\$750.00

7. Small Entity Statement(s)

This application is being made by a small entity.

Filing Fee Calculation (50% of above)

\$375.00

8. Fee Payment Being Made at This Time

Enclosed

Filing Fee

\$375.00

Total Fees Enclosed

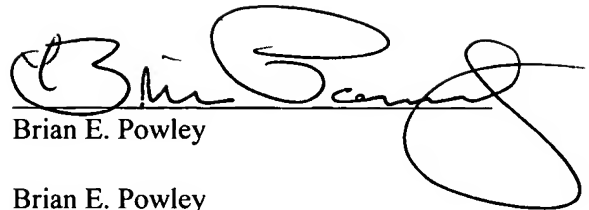
\$375.00

9. Method of Payment of Fees

Check in the amount of \$375.00 is attached.

10. Instructions as to Overpayment

Refund.



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